

CLAIMS ONLY						Application Number 09/893357	Filing Date		
						Applicant(s)			
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			
1	1								
2		1							
3	1			1					
4		1			1				
5	1			1					
6				1					
7		1			1				
8	1			1					
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42	1			1					
43		1			1				
44	1			1					
45		1			1				
46	1			1					
47		1			1				
48	1			1					
49		1			1				
50	1			1					
Total Indep	4		4						
Total Depend	102		82						
Total Claims	106		86						